Appendix A for Dr. Kiran Dasari
Evidence To Be Given

Background

1. Name, address, and date of birth.

2. Education and employment history.

3. Use of and knowledge about patient warming devices.

4. Factors that influence infection for general and orthopedic surgery.

5. Infection control practices.

6. Experience designing, conducting, analyzing or writing up studies, including studies of the type published in the article: Dasari, K., et al. Effect of forced air warming on the performance of operating theatre laminar flow ventilation. *Anaesthesia* 2012; 67:244-49 ("Dasari 2012").

Roles and Arrangements For the Study Described In Dasari 2012 ("the Study")

7. Role in obtaining funding, designing, conducting, collecting data, analyzing results, and writing manuscripts for the Study.

8. The identity of and roles played by others in obtaining funding, designing, conducting, collecting data, analyzing results, and writing manuscripts for the Study.

9. Communications with others involved in obtaining funding, designing, conducting, collecting data, analyzing results, and writing manuscripts for the Study.

10. Communications with Dr. Scott Augustine about the Study.

11. Communications with Augustine Temperature Management about the Study.

12. Communications with people representing the location where the Study was conducted about the Study, including the selection of location, operating theatre, and patient warming devices for use in the Study.

Design and Methods For the Study Described In Dasari 2012 ("the Study")

13. Details of and reasons for selecting locations, protocols, procedures, materials, and methods used in the Study.

14. Selection, procurement, and condition of the operating theatres, patient warming devices, and other equipment used in the studies described in the Study.

15. Proposed and final designs for the Study, with rationale for changes to study design and protocols, procedures or methods.

16. Location where and conditions in which the Study was conducted.

17. Details of and reasons for draping, placement of mannequins, and placement of surgeons and/or anesthesiologists during the Study.

18. Selection, procurement, and condition of the operating theatre, patient warming devices and other equipment used in the Study.

19. Specific set-up of the testing environment for the Study.

20. Details of and reasons for selecting the ventilation regimen and thermistors used in the Study, and for placing the thermistors.

21. The carrying out of the Study.

22. All measurements taken and data collected during the Study.

23. How data were recorded.

24. Photographs or video recordings taken or made during the Study.

Study Results and Analysis

25. Study results, including statistical analysis of the data.

26. Preparation of the manuscript for Dasari 2012, including drafts and the roles of co-authors.

27. Reviewer comments for the Study, including communications with co-authors regarding reactions and responses to reviewer comments.

28. Interpretation of Study results.

29. Application of Study results to hospital practices and patient safety.

30. Extent to which Study results can be generalized, and in what conditions.

31. Limitations to the Study and its conclusions.

Information About Other Studies

32. Information about the funding, selection of operating rooms, selection and procurement of patient warming devices, condition of patient warming devices, arrangements, design, conduct, results, analysis or publication of the studies described in these articles:

- Albrecht, M., et. al. Forced-air warming: a source of airborne contamination in the operating room? *Orthopedic Rev.* 2009; 1:e28
- Albrecht, M., et al. Forced-air warming blowers: An evaluation of filtration adequacy and airborne contamination emissions in the operating room. *Am J Infect Control* 2011: 39:321-28
- Belani, K., et al. Patient warming excess heat: The effects on orthopedic operating room ventilation performance. *Anesth Analg.* 2013; 117(2):406-11
- Legg, A., et al. Do forced air patient-warming devices disrupt unidirectional downward airflow? *J Bone and Joint Surg.-Br.*, 2012; 94-B:254-56
- Legg, A., et al. Forced-air patient warming blankets disrupt unidirectional airflow. *Bone Joint J.* 2013; 95-B:407-10
- McGovern, P., et al. Forced-air warming and ultra-clean ventilation do not mix. *J bone and Joint Surg-Br.* 2011; 93(11):1537 – 44
- Reed, M., et al. Forced-air warming design: evaluation of intake filtration, internal microbial buildup, and airborne-contamination emissions. *Am Assoc Nurse Anesth. I.* 2013;81:275-80
- Wood, A.,et al. Infection control hazards associated with the use of forced-air warming in operating theatres. *J Hosp Infect.* 2014;1-9